

# **Exhibit 6**



# Report of Foreign Bank and Financial Accounts

Version Number: 1.0

FinCEN Form 114 OMB No. 1506-0009 Effective October 1, 2013

The FBAR must be received by the Department of Treasury on or before June 30th of the year immediately following the calendar year being reported. The June 30th filing date may not be extended.

## Steps to Submit

1. Complete the report in its entirety with all requested or required data known to the filer.
2. Click "Validate" to ensure proper formatting and that all required fields are completed.
3. Sign with PIN.
4. Click "Save"; filers may also "Print" a paper copy for their records.
5. Click "Submit".

Filing name

SPIRIT GP 2013 FBAR

By providing my PIN, I acknowledge that I am electronically signing the BSA report submitted.

Remove Signature

#USER\_SITE\_WARNING#

If this report is being filed late,  
select the reason for filing late

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000.

## PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

DEFENDANTS'  
EXHIBIT  
DX3971

Case No:18-MD-2865 (LAK)

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WH\_MD\_L\_00190674

This form has been signed and cannot be altered.

1 This report is for calendar year ended 12/31 **2013** Amended ☐ Prior Report BSA Identifier **Part I Filer Information**2 Type of filer **Partnership** 3 U.S. Taxpayer Identification Number **471214061** 3a TIN type **EIN** 

4 Foreign identification

a Type b Number c Country of issue 5 Individual's date of birth 6 Last name or organization's name **SPIRIT ON THE WATER PENSION PLAN GP** 7 First name 8 Middle name 8a Suffix 9 Address **C/O M. BEN-JACOB, KAYE SCHOLER LLP, 425 PARK AVENUE** 10 City **NEW YORK** 11 State **NY** 12 ZIP/postal code **10022** 13 Country **US** 

14a Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes Enter number of accounts ☒ No

If "Yes" is checked do not complete Part II or Part III, but retain records of this information

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

☐ Yes Enter number of accounts ☒ No

If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.

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**Part II Information on Financial Account(s) Owned Separately 1 of 1**

15 Maximum account value	<b>224,307</b>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<b>Securities</b>		
17 Financial institution name	<b>SOLO CAPITAL</b>		
18 Account number or other designation	<b>SPI01 *VALUE OFFSET BY MARGIN POSITIONS</b>		
19 Address	<b>4-6 THROGMORTON AVENUE</b>		
20 City	<b>LONDON</b>	21 State	
22 Foreign postal code	<b>EC2N2DL</b>	23 Country	<b>GB</b>

**Part III Information on Financial Account(s) Owned Jointly 1 of 1****Account Information**

15 Maximum account value		15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account			
17 Financial institution name			
18 Account number or other designation			
19 Address			
20 City		21 State	
22 Foreign postal code		23 Country	
24 Number of joint owners			

**Principal Joint Owner Information**

25 Taxpayer Identification Number (TIN)		25 a TIN type	
26 Last name or organization name			
27 First name			
28 Middle name			
28a Suffix			
29 Address			
30 City		31 State	
32 ZIP/postal code		33 Country	

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**Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority  
but No financial Interest in the Account(s) 1 of 1**

**Account Information**

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country	<input type="text"/>

**Owner Information**

34 Last name or organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
36 First name	<input type="text"/>		
37 Middle name	<input type="text"/>		
37a Suffix	<input type="text"/>		
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country	<input type="text"/>		
43 Filer's title with this owner	<input type="text"/>		

**Part V Information on Financial Account(s) Where Filer is Filing a Consolidated Report 1 of 1****Account Information**

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country	<input type="text"/>

**Owner Information**

34 Organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country	<input type="text"/>		

**Signature** 44a Click here ☒ if this report is completed by a third party preparer, complete the third party preparer section.

44 Filer signature **Form is signed.**

45 Filer title

46 Date of signature **06/30/2014** (Date of signature will be auto-populated when the report is signed.)

**Third Party Preparer Use Only**

47 Preparer's last name **BEN-JACOB FOR KAYE SCHOLER LLP**

48 First name **MICHAEL**

49 Middle name/initial

50 Check ☐ if self employed

51 Preparer's TIN **P0141045** 51a TIN type **PTIN**

52 Contact phone number **2128368310** 52a Extension

53 Firm's name **KAYE SCHOLER LLP**

54 Firm's TIN **131672623** 54a TIN type **EIN**

55 Address **425 PARK AVENUE**

56 City **NEW YORK**

57 State **NY**

58 ZIP/postal code **10022**

59 Country **US**

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